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Bib Data Sheet

CONFIRMATION NO. 4499

<b>SERIAL NUMBER</b> 09/913,833	<b>FILING DATE</b> 12/03/2001 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 21499/0050	
<b>APPLICANTS</b> Jouko Suhonen, Yorktown Heights, NY; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/FI00/00126 02/18/2000 <b>** FOREIGN APPLICATIONS *****</b> FINLAND 990372 02/22/1999 <div style="text-align: right;"><b>** SMALL ENTITY **</b></div>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Burton A Amernick Connolly Bove Lodge & Hutz PO Box 19088 Washington ,DC 20036-3425					
<b>TITLE</b> Device for restorative dentistry					
<b>FILING FEE RECEIVED</b> 583	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		